APPLICATION # ___/_______

ID # ___________

APPLICATION FOR MEMBERSHIP

This form is intended for practitioners and others who have qualified to practise.
Students who have not yet qualified should complete the Application for Student Membership form.

PERSONAL DETAILS		
TITLE Prof Dr Mr Ms Mrs Miss Other	FAMILY NAME	GIVEN NAMES
POSTAL ADDRESS (Incl State & Postcode)		
HOME ADDRESS (Incl State & Postcode)		
HOME PHONE	FAX	MOBILE
DATE OF BIRTH dd/mm/yyyy	PLACE OF BIRTH (Town and Country)	
EMAIL ADDRESS		
CITIZEN/ PERMANENT RESIDENT OF	☐ Australia OR ☐ Other (please state)	
NAME, AS YOU WOULD LIKE IT TO APPEAR ON CERTIFICATES (No titles or business names)		

PRACTICE DETAILS		
CLINIC 1 ADDRESS (Incl State & Postcode)		
CLINIC PHONE	FAX	WEBSITE
CLINIC 2 ADDRESS (Incl State & Postcode)		
CLINIC PHONE	FAX	WEBSITE
CLINIC 3 ADDRESS (Incl State & Postcode)		
CLINIC PHONE	FAX	WEBSITE

OTHER DETAILS	
ENGLISH LANGUAGE PROFICIENCY	My first language is ☐ English **OR** ☐ a language other than English, please specify ____________________
If your first language is a language other than English, please complete ➔	My English language proficiency level is ______________________________________ Attach a certified copy of any English language proficiency tests e.g. IELTS or ASLPR tests.
ETHICAL PRACTICE (You must complete this section)	☐ I HAVE NOT been deregistered or suspended by a health professions registration board and I HAVE NOT been suspended or expelled from a professional association for breach of the Code of Ethics or the Constitution/Rules of the Association. ☐ I HAVE been deregistered or suspended by a health professions registration board OR I HAVE been suspended or expelled from a professional association for breach of the Code of Ethics or the Constitution/Rules of the Association.. Please provide details on an attached sheet.

Signature of applicant — Date signed (DD/MM/YYYY)

PRACTICE EXPERIENCE
I have practised or completed my studies within the last 2 years. ☐ YES ☐ NO – when were you last in clinical practice?

ACCREDITATION	
I am requesting accreditation in the following TCM practice modalities	☐ Acupuncture ☐ Chinese herbal medicine ☐ TCM remedial massage (Tuina) (minimum qualification is Diploma of TCM remedial massage) ☐ Chinese herbal dispensing

TYPE OF MEMBERSHIP	
I am requesting membership in the following membership category Refer to the membership information sheet for explanation.	☐ Member (full accreditation) ☐ Provisional Member (accreditation with minor conditions) ☐ Conditional Provisional Member (conditional accreditation – limited health funds) ☐ Associate Member (managed pathway - non-accredited) ☐ Non-Practising Member (full accreditation, but not in practice))

QUALIFICATIONS

List your primary acupuncture/herbal medicine qualification(s) and any other health-related qualifications here.
For additional qualifications, please list on an attachment

Year of Award	Title of award issued (in full)	Name of Institute	Country (if other than Australia)

FIRST AID CERTIFICATE

☐ I have a current senior first aid certificate or an equivalent workplace first aid certificate Attach certified copies of the relevant certificate.

DOCUMENTATION TO BE ATTACHED

For all applicants:

☐ Certified copy of award (if you are a new graduate and have not yet been issued the award, attach a statement of course completion as issued by your institution's Student Administration.

☐ Certified copy of academic transcript.

☐ Your current first aid certificate.

For overseas-trained applicants:

☐ Certified copy of any awards, certificates of graduation, statements of course completion, statements of attainment and academic records in relation to the qualifications listed above in the original language in which the course was studied.

☐ Certified copy of an authorised English translation of the above documents (if the original language of course delivery was not English).

☐ Certified copy of any notarised documents issued by the authorities in the country where the course undertaken.

☐ Assessment of the qualification for equivalence to an Australian qualification (issued by *vetassess* or an overseas qualifications unit).

☐ For Chinese qualifications, the qualification must be validated as genuine by *vetasess* and the validation certificate sent directly to AACMA.

SIGNATURE SECTION

I declare that the information in this application and supporting documentation is true and correct. I agree to abide by the AACMA/AESO Memorandum and Articles of Association, Code of Conduct, AACMA policies and guidelines and to provide the highest professional conduct in all aspects of my practice.

I authorise AACMA to make such enquiries as it deems relevant about the information/documents supplied with my application from third parties, including but not limited to institution(s) or organisations listed on this form or in attached documents, third party payers for clinical services, statutory registration boards and other bodies or persons who may have information relevant to this application.

I also authorise AACMA to delegate assessment of this application to a third party authorised by AACMA to assess applications for membership on behalf of AACMA.

Signature Date signed

Nominated by (optional)* Member Number

PAYMENT DETAILS

Application Fee: $165.00 (waived for current Student Members) First Year Membership Fee: $515.00 OR New Graduate: $120.00

Application Fee: $_______________ + Membership Fee: $_______________ = AMOUNT PAYABLE: $_______________

☐ Visa ☐ MasterCard ☐ AMEX Card Number __________/__________/__________/__________ Expiry Date ______/______

Name on Card ____CVV_______ Cardholder's Signature _______________________________